

FORM 941/C1-ME CF LOOSE COMBINED FILING FOR INCOME TAX WITHHOLDING AND UNEMPLOYMENT CONTRIBUTIONS

NAME	AND ADDRESS: FED	ERAL ID NO.:		_
_	UC	EMPLOYER ACCOUNT NO).:	
_	PER	IOD COVERED://	·//	
1.	PART ONE - INCOME MAINE INCOME TAX WITHHELD THIS QUARTER	TAX WITHHOLDING		·
2.	LESS FORM 900ME VOUCHER PAYMENTS OR EFT	PAYMENTS		
3.	LESS CREDIT (ENCLOSE CREDIT NOTICE)			
4.	INCOME TAX WITHHOLDING DUE			_·
CHECK	PART TWO - UNEMPLOYMENT K HERE IF WAGE LISTING ON MAGNETIC TAPE O		RΤ	
SEASC	ONAL CODE SEASONAL PERIOD/_	///		
5.	COVERED EMPLOYEES	1ST MO.	2ND MO.	3RD MO.
6.	NUMBER OF FEMALE EMPLOYEES			_
7.	TOTAL REPORTABLE WAGES			
8.	DEDUCT EXCESS WAGES			_ •
9.	TAXABLE WAGES PAID IN THIS QUARTER			_ •
10.	CONTRIBUTION RATE SUR	TAX .004	TOTAL RATE	•
11.	CONTRIBUTIONS DUE			
12.	LESS CREDIT (ENCLOSE CREDIT NOTICE)			_ •
13.	TOTAL CONTRIBUTIONS DUE (LINE 11 MINUS	LINE 12)		
14.	PART THREE - TOTA AMOUNT DUE WITH THIS RETURN (LINES 4 ANI			
15.	LESS EFT PAYMENTS			
16.	NET BALANCE DUE WITH THIS RETURN (LINE :	14 MINUS LINE 15)		
report	r penalties of perjury, I certify that the rt and attachment(s) is true and correct a has or will be borne by any employee(s)	nd that no part of	ined on this re unemployment o	eturn, contribu-
SIGNA	ATURE TITLE	DATE	TELEPHONE	
office u	use only PWD			

EMPLOYER NAME: _ FEDERAL ID NO			
941/C1-ME, PAGE : RECONCILIATION OF	2 CF LOOSE F 900ME VOUCHER PAYMENTS	PERIOD COVERED:	///
WAGES PAID// 17. TOTAL WITHHOL	EMPLOYERS REQUIRED TO REI AMOUNT WITHHELD LDING THIS QUARTER: REMITTED WITH FORMS 900M	CHECK AMOUNT - ' - '	ON A MONTHLY BASIS
SCHEDULE 2 - FOR DATE WAGES PAID 01/01/1997 ////////	EMPLOYERS REQUIRED TO REI AMOUNT WITHHELD 1234567.89	CHECK AMOUNT 1234567.89	S ON A SEMI-WEEKLY BASIS
// // //	LDING THIS OUARTER:	- ·	

20. TOTAL AMOUNT REMITTED WITH FORMS 900ME THIS QUARTER:

21. CHECK HERE AND COMPLETE THE FOLLOWING SECTION IF YOU ARE CANCELLING YOUR ACCOUNT NO LONGER HAVE EMPLOYEES - EFFECTIVE: __/____
LAST PAYROLL DATE: __/__/___ DATE SOLD: __/__/__
BUSINESS SOLD TO: __



UNEMPLOYMENT CONTRIBUTION WAGE LISTING

941/C1-ME, PAGE 3 CF LOOSE

PERIOD COVERED: __/___ - __/___

EMPLOYER NAME:		FEDERAL ID NO. UC EMPLOYER ACCOUNT NO.		
22. S.S. NO.	23. EMPLOYEE NAME		24. REPORTABLE NONSEASONAL 123456.00	WAGES SEASONAL 234567.00
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			•	MARIN MARINE ACT

^{25.} TOTAL REPORTABLE WAGES, THIS PAGE

^{26.} TOTAL REPORTABLE WAGES, ALL PAGES (ENTER ON LAST PAGE ONLY)